

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO
WESTERN DIVISION**

UNITED STATES OF AMERICA)	
Plaintiff)	
)	CASE NO: C-1-00-899
vs.)	
)	
ROSE M. SEAY,)	JUDGE WEBER
aka ROSE MARIE SEAY,)	MAGISTRATE JUDGE NOVOTNY
SSN: XXX-XX-1908)	
Defendant,)	
)	
and)	
)	
Cincinnati Children Hospital Medical Center)	
)	
Garnishee.)	

CERTIFICATE OF SERVICE ON JUDGMENT DEBTOR

This is to certify under penalty of perjury that on February 18, 2004, the following documents were mailed, by certified mail, return receipt requested, to the Defendant Rose M. Seay, c/o Cincinnati Children's Hospital, MLC5025 (mail code), 3333 Burnet Ave., Cincinnati, Ohio 45229.

1. Application for Writ of Continuing Garnishment;
2. Clerk's Notice of Garnishment, to which was attached a Claim for Exemption form with Instructions.
3. Writ of Continuing Garnishment;
4. Instructions to the Garnishee; and
5. Notice of Instructions to the above-named Defendant/Debtor for Objecting to Answer of Garnishee and for Obtaining a Hearing on the Objections.

Attached hereto is a copy of the return receipt card evidencing the receipt of said mailing.

Respectfully submitted,

GREGORY G. LOCKHART
United States Attorney

s/Deborah F. Sanders
DEBORAH F. SANDERS (0043575)
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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A Received by (Please Print Clearly) B Date of Delivery</p>	
<p>1 Article Addressed to:</p> <p>Rose M. Seay c/o Cincinnati Children's Hospital MLC5025 (mail code) 3333 Burnet Ave Cincinnati, OH 45229</p>		<p>C Signature</p> <p>X <i>Rose M. Seay</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Copy from service label)</p> <p>700224101000589245582</p>			
PS Form 3811, July 1999		Domestic Return Receipt 102595-00-M-0952	

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